

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/591,431	FILING DATE 09-01-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		1		1				
5		1		1				
6		1		1				
7		1		1				
8		1		1				
9		1		1				
10		1		1				
11		2		1				
12		1		1				
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TOTAL IND.	1	↓	1	↓		↓		
TOTAL DEP.	16	←	14	←		←		
TOTAL CLAIMS	17		15					
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TOTAL CLAIMS								